

Name  
in  
Full

CERTIFICATE OF DEATH

Sadie E. Brittingham

MARYLAND

Died at <sup>Town</sup> *Pocomoke City*

<sup>County</sup> *Somerset*

Date of death *1906 Jan 3*

Age *30*

Months *9*

Days

Sex *Female*

Color or Race *White*

Birth-place *Somerset Co*

Occupation *Domestic*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Noah Brittingham*

Father's Name *Henry J. Henderson*

Father's Birthplace *Somerset Co*

Mother's Maiden Name *Amanda Matilda Merrill*

Mother's Birthplace

Name of person giving information *Henry J. Henderson*

How related to deceased *Father*

CAUSES OF DEATH

(137)

Primary *Child birth attended by Midwife*

How long

Immediate *Septicaemia*

How long

*Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

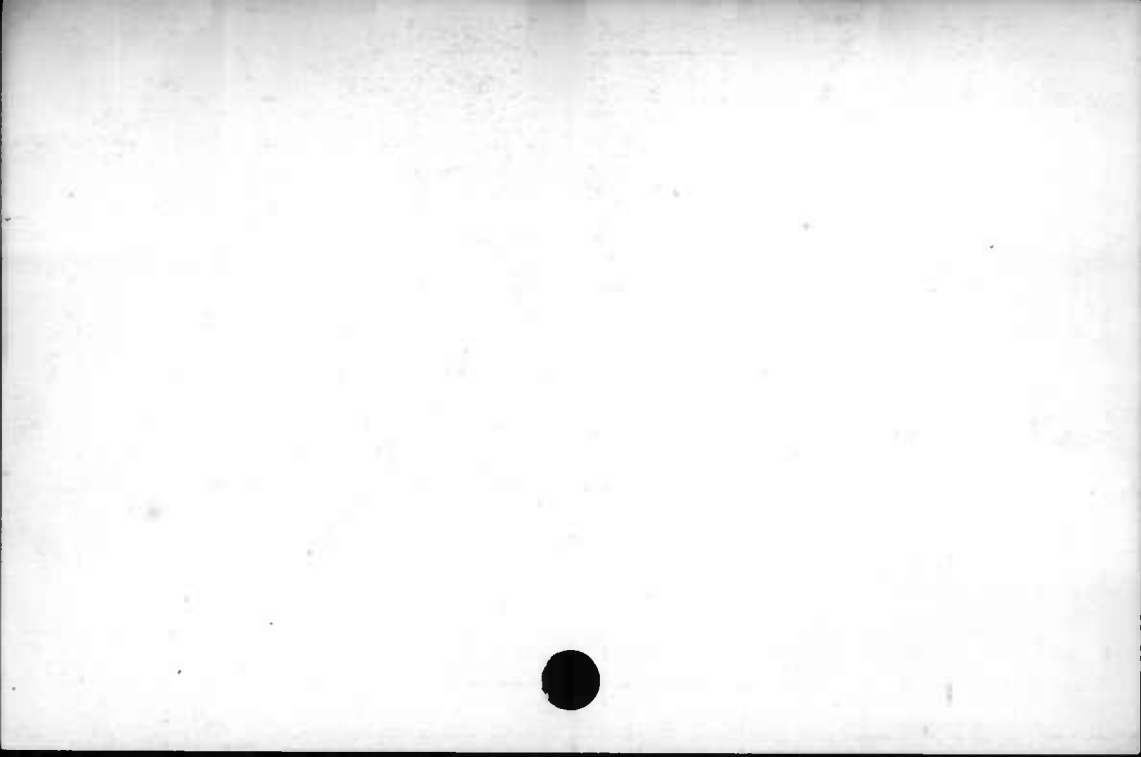
Address

*R. Lee Hall  
Pocomoke City, Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Blanche Carrolle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset.</i>		MARYLAND	
Date of death		Month <i>January</i>	Day <i>27.</i>	Age <i>18</i>	Years <i>—</i>	Months <i>—</i>	Days <i>12.</i>
Sex	<i>Female</i>	Color or Race	<i>African</i>			Birth-place	<i>Marion</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>None.</i>			
Father's Name	<i>Levi Carrolle.</i>				Father's Birthplace	<i>Marion</i>	
Mother's Maiden Name	<i>Leda Carrolle.</i>				Mother's Birthplace	<i>Marion</i>	
Name of person giving Information	<i>Husband. Hall</i>				How related to deceased	<i>Brother-in-law</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions during confinement</i>	How long	<i>48 Hours.</i>
Immediate	<i>Physical Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>D. M. Eccles. M. D.</i>	
Address		<i>Pocomoke. Md. or. Rehoboth. Md.</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

Willie Franklin

## CERTIFICATE OF DEATH

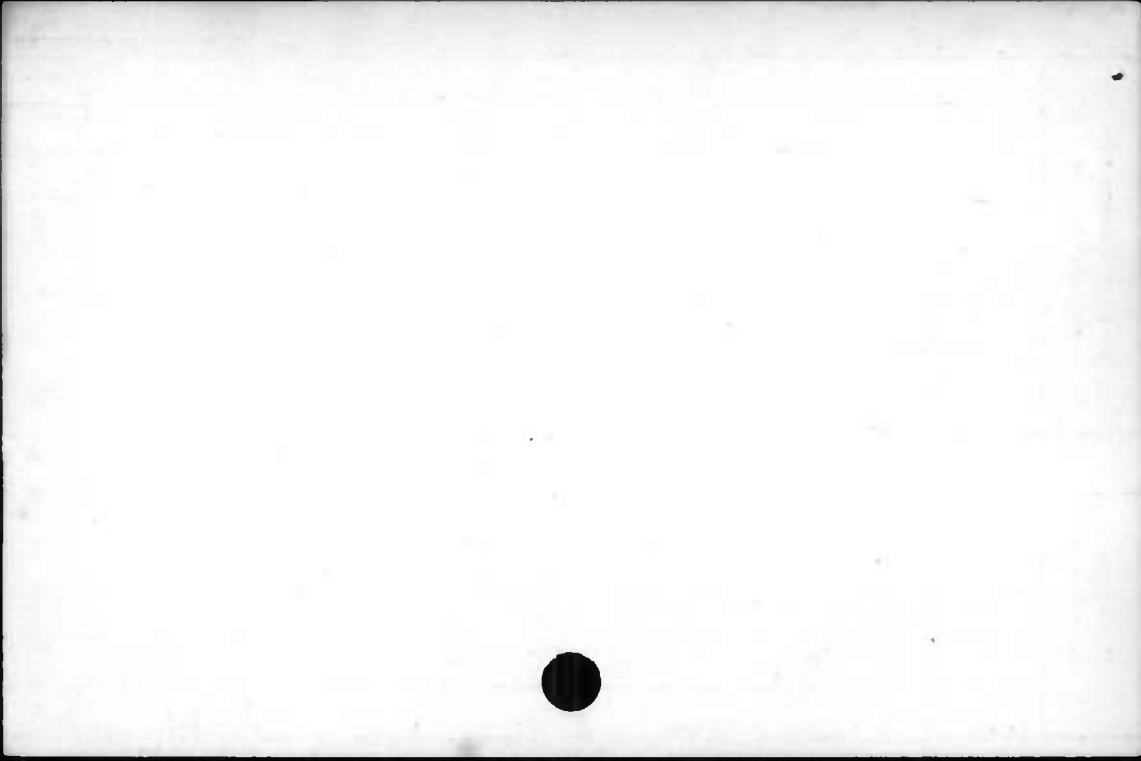
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bedsworth</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1906	Month <i>Jan</i>	Day <i>10</i>	Years <i>38</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Walter Franklin</i>					
Father's Name <i>Revel Sterling</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Margaret Bradshaw</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>George Christy</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>&amp; Tuberculosis</i>	How long	<i>5 years</i>
Immediate	<i>Haemoptysis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W F Steel</i>	
		Address <i>Orfield Rd</i>	
Accident or Suicide?		<input checked="" type="checkbox"/>	



Name  
in  
Full

William Fulton

## CERTIFICATE OF DEATH

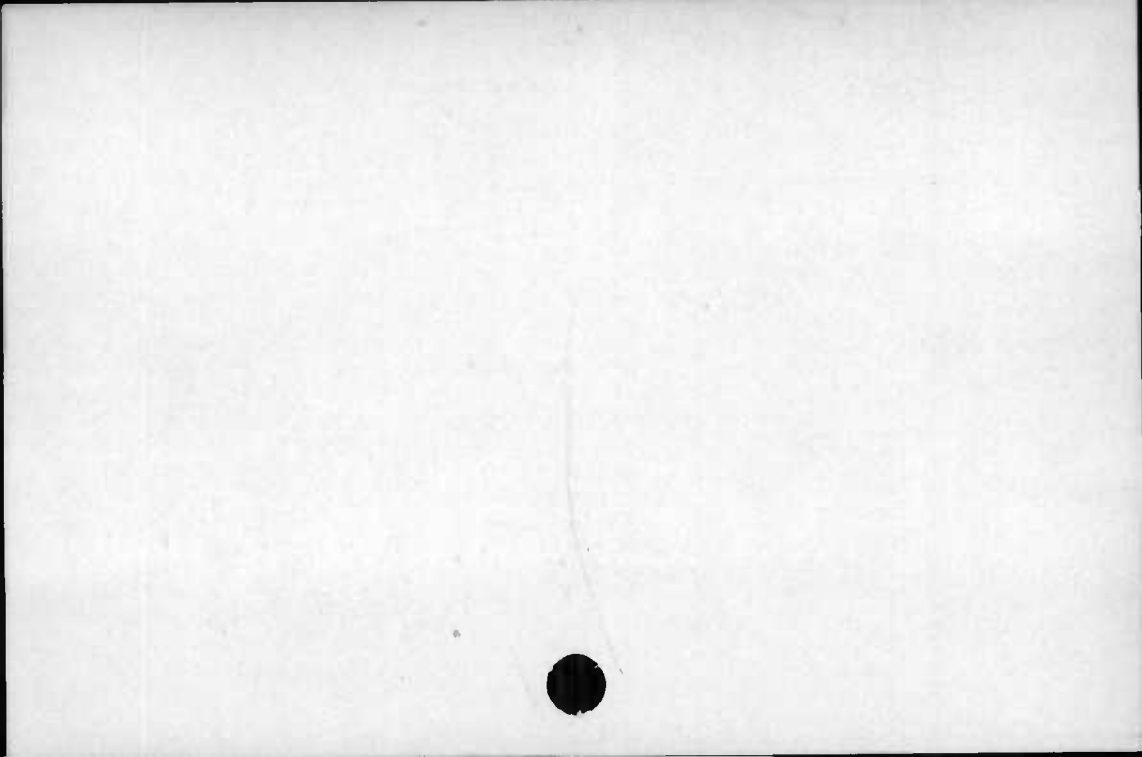
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Princess Anne		County		Somerset		MARYLAND	
Date of death		190		Month		Jan		Day	
		23		Years		Age		about 25	
Sex		Male		Color or Race		White		Birth-place	
		?							
Occupation		Seaman U.S. Navy		Where Residing if not at place of death					
Married, Single or Widowed		?		Name of Wife or Husband		?			
Father's Name		?		Father's Birthplace		?			
Mother's Maiden Name		?		Mother's Birthplace		?			
Name of person giving information				(166)		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Decapitation due to rail-		How long			
Immediate		road train		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Henry M. Sanford M.D.	
				Address		Princess Anne Md.	
Accident or Suicide?		Accident					





Name  
in  
Full

Elizabeth S Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brizfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>80</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Va</i>		
Occupation <i>Nursing</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband			
Father's Name <i>Edward R Turner</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Peggy Brickhurst</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Lottie Riggins</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic diarrhoea</i>	How long <i>7 years</i>
Immediate <i>Exhaustion</i>	How long <i>106</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H F Hull</i>
	Address <i>Brizfield Md</i>
Accident or Suicide?	



Name  
in  
Full

Lucy Johnson

## CERTIFICATE OF DEATH

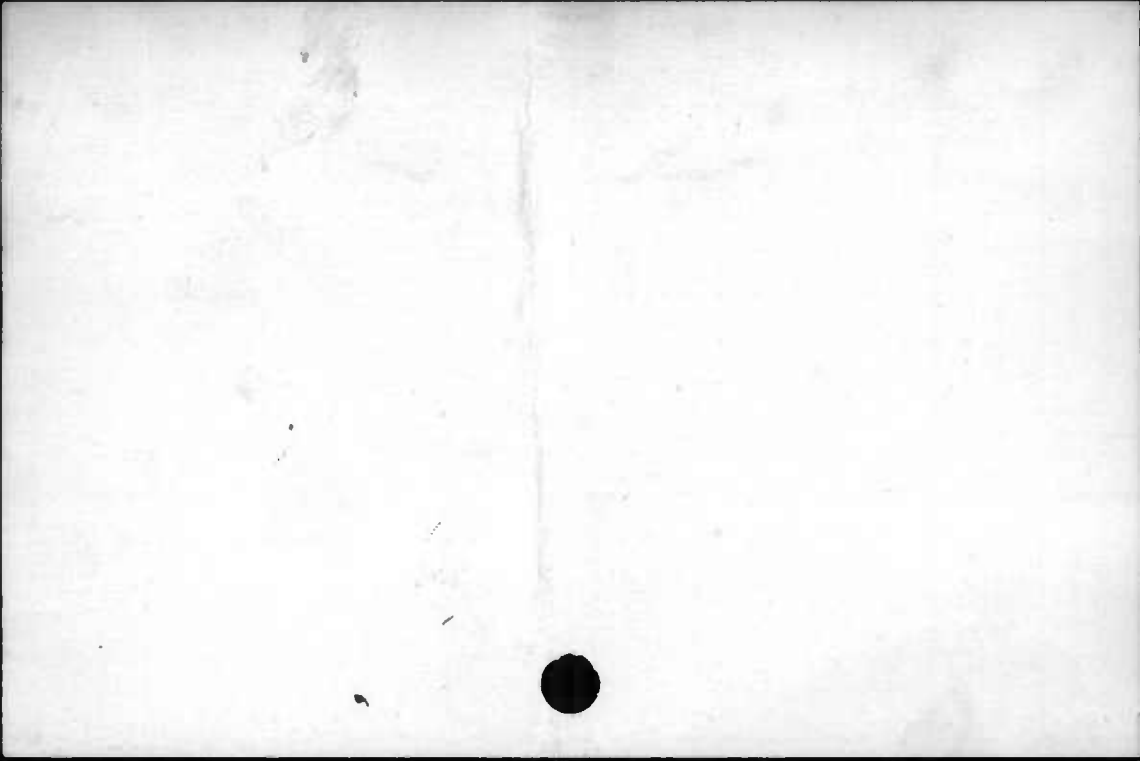
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fairmount</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>3</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fairmount</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Johnson</i>			Father's Birthplace <i>Fairmount</i>		
Mother's Maiden Name <i>Maria Braxton</i>			Mother's Birthplace <i>Westover</i>		
Name of person giving information <i>Robert Maddox</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount</i>
	<i>Md</i>
Accident or Suicide?	<i>✓</i>



Name  
in  
Full

Melvin Landon

## CERTIFICATE OF DEATH

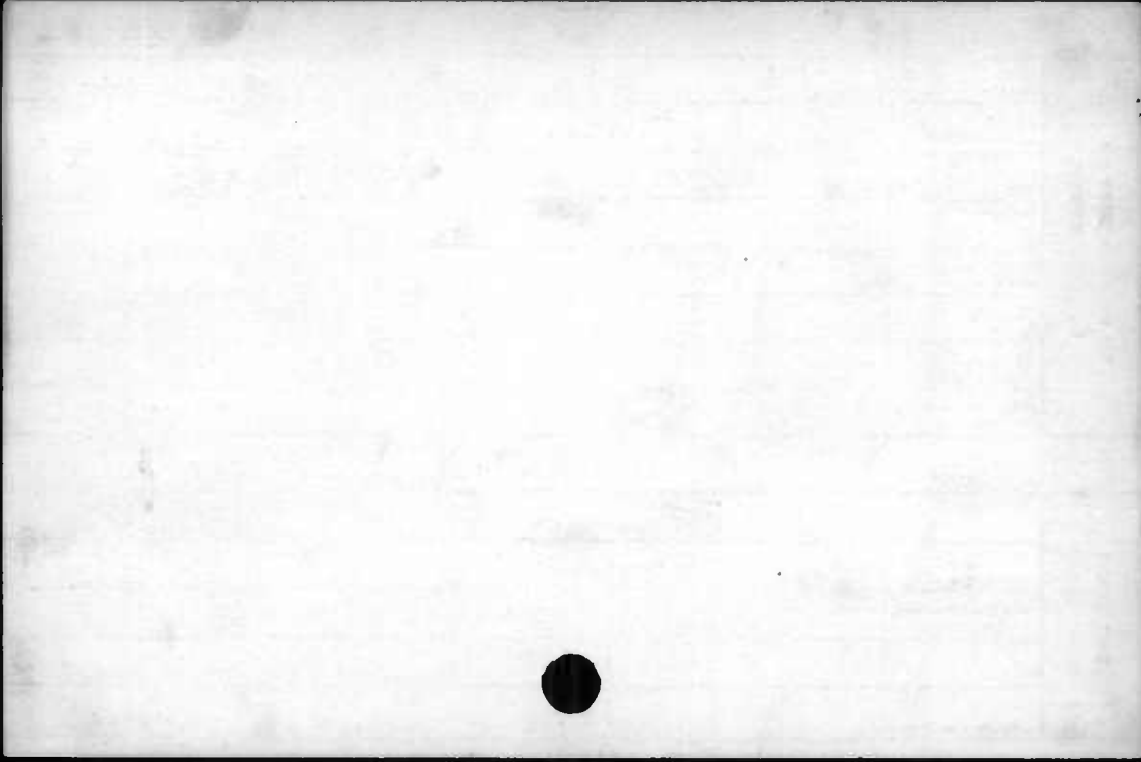
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lansonia</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>Jan</u> <sup>Month</sup>	<u>3</u> <sup>Day</sup>	Age <u>0</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u>20</u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lansonia Md</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Arthur Landon</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Webster</u>			Mother's Birthplace <u>Crisfield Md</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Broncho pneumonia</u> <u>(92)</u>	How long	<u>5 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. F. Hall</u>	
		Address <u>Crisfield Md</u>	
Accident or Suicide? <u>✓</u>			

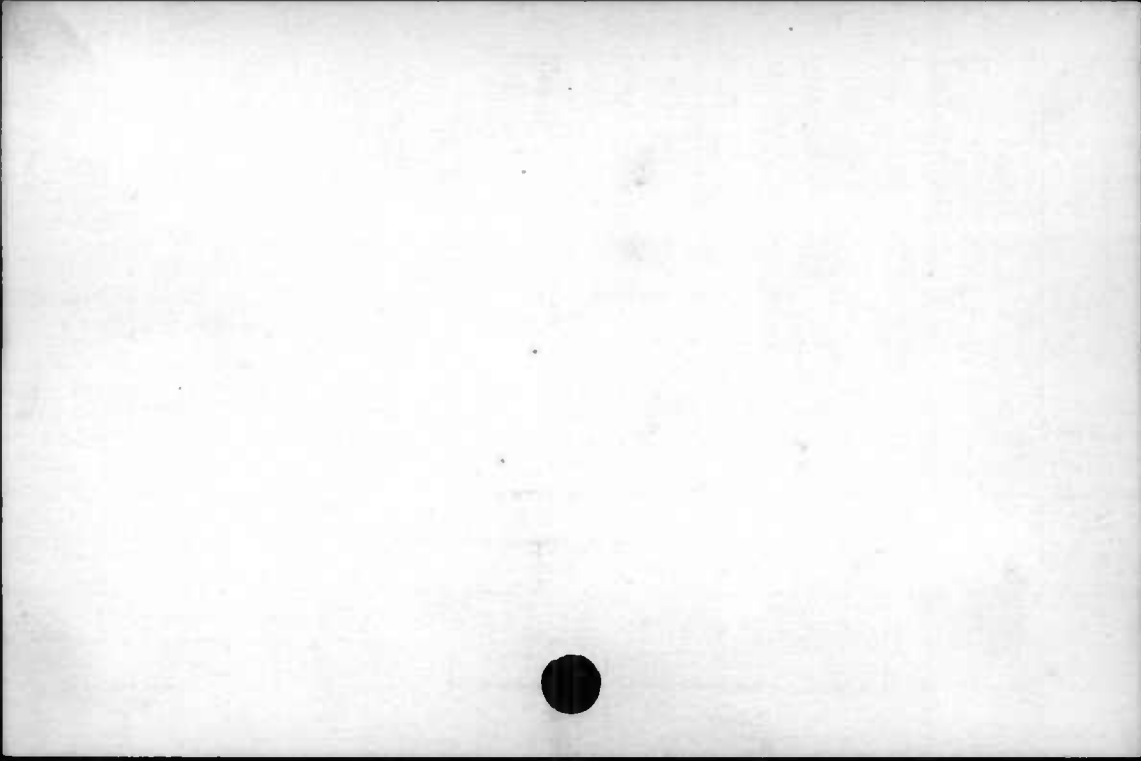


# CERTIFICATE OF DEATH

Died at <b>Manokin</b>		County <b>Somerset</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>Jan</b>	Day <b>18th</b>	Years <b>80</b>	Months	Days
Sex <b>Female</b>	Color or Race <b>Black</b>		Birth-place <b>Kington Md</b>		
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or <del>Widowed</del>	Name of Wife or Husband <b>Peter Milbourn</b>				
Father's Name <b>Broughton</b>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <b>Peter Milbourn</b>			How related to deceased		

### CAUSES OF DEATH

Primary	Pneumonia		How long	2 weeks
Immediate			How long	
Are the name, sex, color, date and place correctly given above?	yes	Signature of Physician	G. E. Dickinson	
		Address	Upper Fairmount	
Accident or Suicide?		By	G. E. Dickinson ✓	M.D.





Name in Full		GROCE NELSON				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lawsonia		County Somerset		MARYLAND
	Date of death		1906	Month Jan	Day 21	Years —	Months — Days 12
	Sex		Female		Color or Race W		Birth-place Lawsonia
	Occupation —				Where Residing If not at place of death —		
	Married, Single or Widowed		Single		Name of Wife or Husband —		
	Father's Name Lorenzo Edw Nelson				Father's Birthplace Lawsonia <sup>Ind</sup>		
	Mother's Maiden Name Hettie Sterling				Mother's Birthplace Lawsonia		
Name of person giving information Mrs Hettie Nelson				How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Icterus			How long	
	Immediate		Convulsions			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Wm H. Boulbourn		
					Address Aigfield Ind		
	Accident or Suicide?						



Name  
in  
Full

Paulina, G. Pritchett

## CERTIFICATE OF DEATH

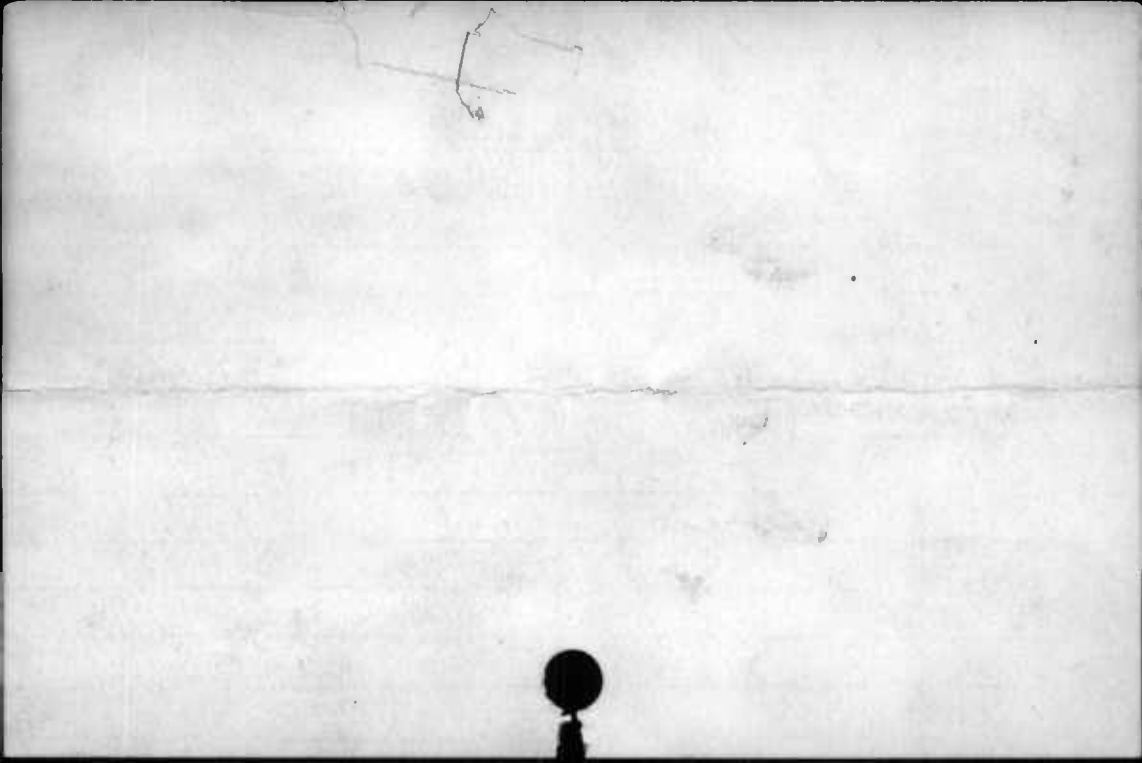
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Mt Vernon</b>		Town <b>Somerset</b>		County		MARYLAND	
Date of death <b>1906</b>	Month <b>Jan</b>	Day <b>19<sup>th</sup></b>	Age <b>65</b>	Years	Months <b>10</b>	Days <b>14</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Mt Vernon</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Robert Pritchett</b>					
Father's Name <b>James Webster</b>				Father's Birthplace <b>Mt Vernon</b>			
Mother's Maiden Name <b>Lucy Ann Horner</b>				Mother's Birthplace <b>Ape Charles Va</b>			
Name of person giving information <b>John Pritchett</b>				How related to deceased <b>Son</b>			

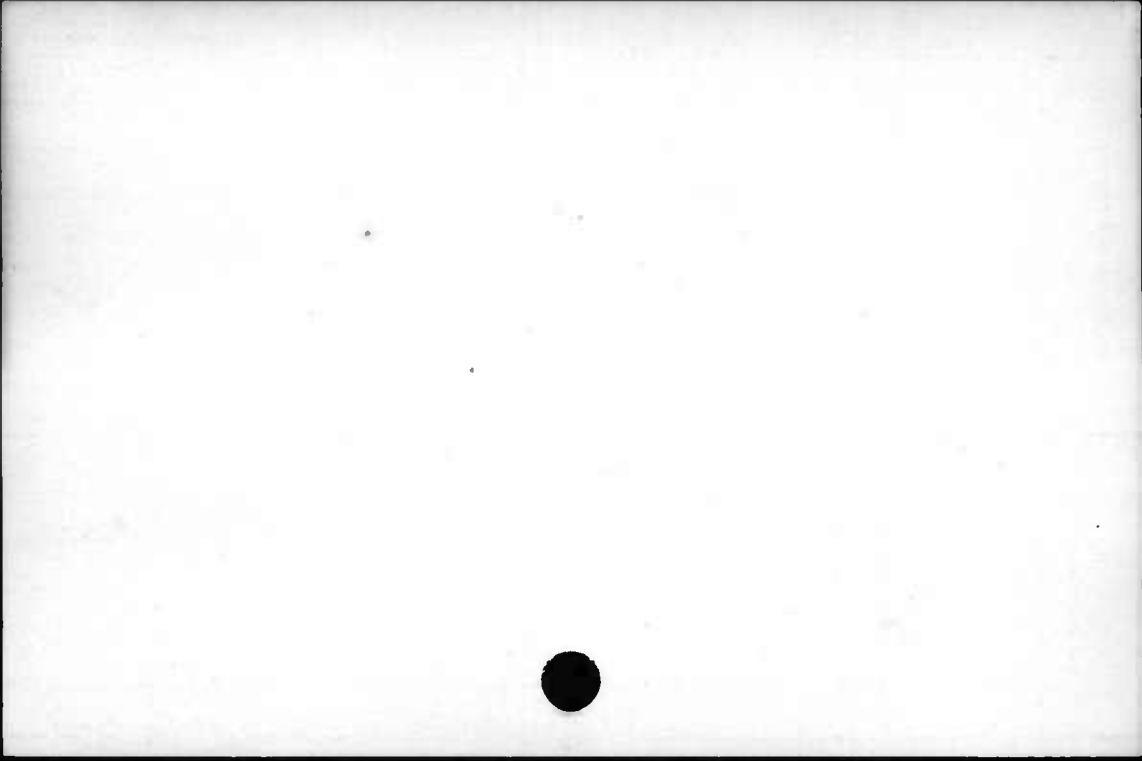
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Paralysis</b>	How long	<b>1 day</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>C. M. Workcell</b>	
		Address <b>Windsor</b>	
Accident or Suicide?			



Name in Full		Lemna Elizabeth Rizzio				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lawsonia</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND		
	Date of death	<i>1906</i>	Month	<i>Jan</i>	Day	<i>23</i>	
			Years	<i>1</i>	Months	<i>4</i>	
			Age	<i>1</i>	Days	<i>13</i>	
	Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>—</i>	
	Occupation	<i>none</i>	Where Residing if not at place of death <i>L</i>				
	Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>				
PHYSICIAN OR CORONER	Father's Name <i>H. Jerome Rizzio</i>				Father's Birthplace <i>Griffith Md</i>		
	Mother's Maiden Name <i>Clara J. Thornton</i>				Mother's Birthplace <i>Lawsonia</i>		
	Name of person giving information <i>H. J. Rizzio</i>				How related to deceased <i>Father</i>		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Broncho Pneumonia</i>				How long <i>16 days</i>		
	Immediate <i>—</i>				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. F. Hall</i>				
			Address <i>Griffith Md</i>				
	Accident or Suicide?						



Name  
in  
Full

Jennie Ross

## CERTIFICATE OF DEATH

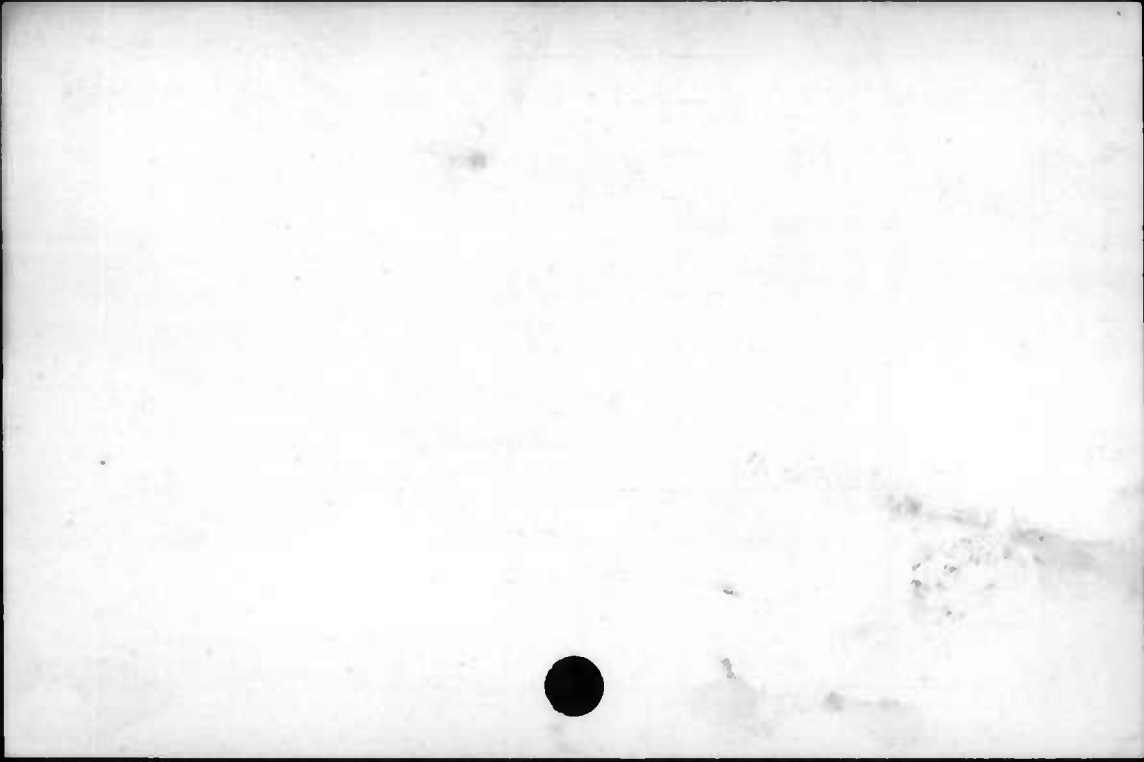
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dublin</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death	Month <i>Jan</i>	Day <i>2</i>	Years <i>52</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Dublin</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Ross</i>				
Father's Name <i>Harry Johnson</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>11</i>				
Name of person giving information <i>Branson Gosweller</i>	How related to deceased <i>Son in Law</i>				

## CAUSES OF DEATH

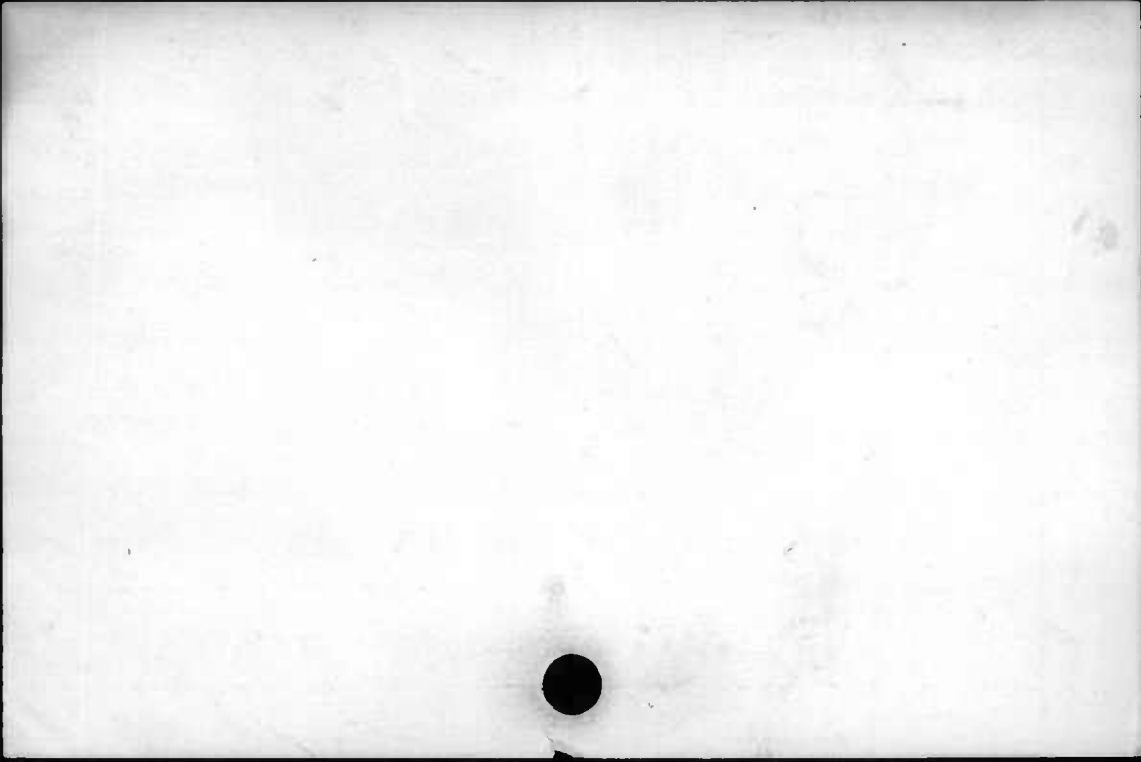
PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Two months</i>
Immediate <i>exhaustion</i>	How long <i>(120)</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Samuel J. [unclear]</i>
Accident or Suicide?	<i>Poisoned at [unclear]</i>





Name in Full		Tabitha C. Shores				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Seals Island		County Somerset		MARYLAND	
	Date of death		1900	Month Jan	Day 4	Age 67	Years	Months Days
	Sex		Female		Color or Race		White	
	Occupation				Birth- place		Ind	
					Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband		E. C. Shores	
	Father's Name		Henry Shindler		Father's Birthplace		Ind	
Mother's Maiden Name		Elizabeth T. Webster		Mother's Birthplace		Ind		
Name of person giving In formation		E. C. Shores		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Phthisis Pulmonaria			How long		8 years
	Immediate		Asthma			How long		1 mo
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. G. Alexander		
	yes			Address		Somerset Co.		
	Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

Sally Stirling

Town

County

MARYLAND

Died at Lawsona

Somerset

Date

Month

Day

Years

Months

Days

of death 1906

1

28

Age

88

Sex

Female

Color or  
Race

White

Birth-  
place

Somerset-Co

Occupation

None

Where Buried if not  
at place of death

Married or

Widowed

Married or

Husband

Jesse Stirling, died

Father's  
Name

- None

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

J. S. Lawson

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

Several years

Immediate

La Grippe

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

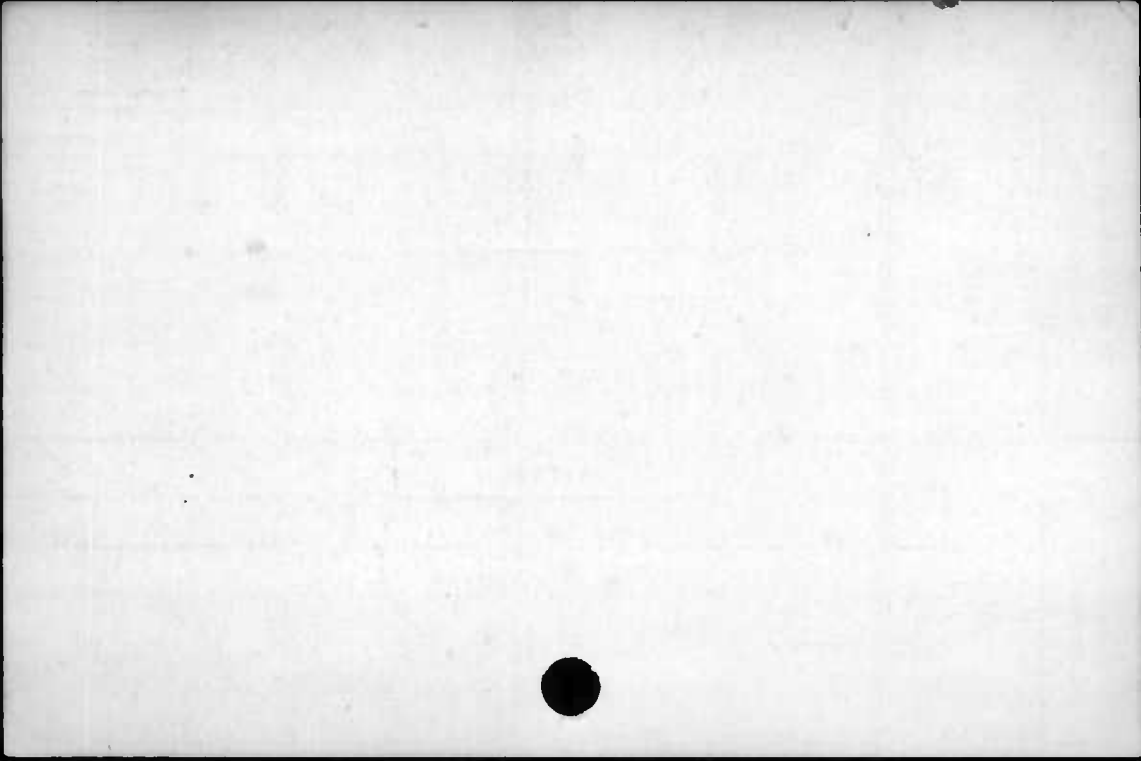
Address

J. S. Somers  
Crisfield  
Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Baby Unnamed Ward M. M.

## CERTIFICATE OF DEATH

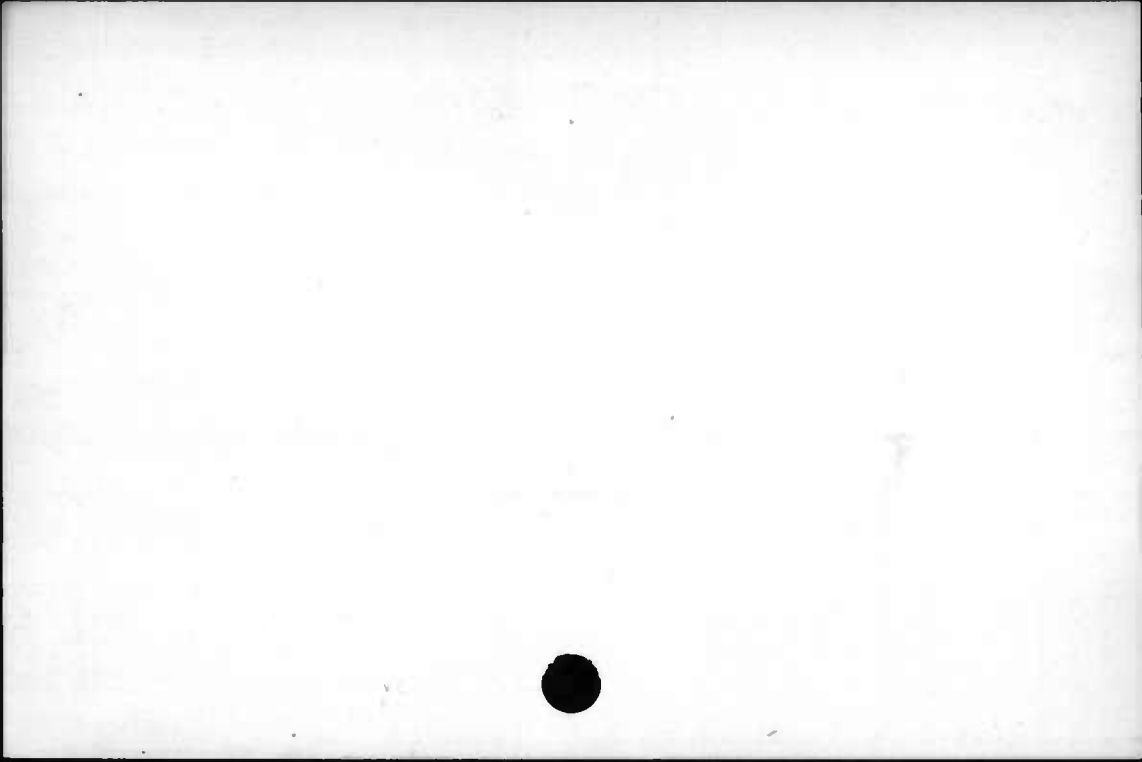
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brisfield</i> <sup>Town</sup>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jun</i>	Day <i>18</i>	Age	Months	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Brisfield Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm E Ward</i>			Father's Birthplace <i>Lawsonia Md</i>		
Mother's Maiden Name <i>Theodosia Lawer</i>			Mother's Birthplace <i>Crisfield Md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Waters

Town

County

MARYLAND

Died at Princess Anne

Date

Month

Day

Years

Months

Days

of death 1906

Jan

17

Age

22

Sex

Male

Color or  
Race

Colored

Birth-  
place

Somerset County

Occupation

Laborer

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Jefferson Waters

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mama Waters

Mother's  
Birthplace

Maryland

Name of parson giving  
In formation

Jefferson Waters

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis

How long

4 Mos

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Henry M. Lantford

Address

Princess Anne

Accident or Suicide?

—

✓





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Orisfield</i>		County <i>Somerset</i>	
Date of death	1906	Month <i>Jan</i>	Day <i>14</i>	Age	Years <i>52</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>clerk</i>		Birth-place	<i>Snow Hill Md</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or <del>Husband</del>	<i>Sarah E Wilson</i>	
Father's Name	<i>Henry Wilson</i>			Father's Birthplace	<i>Snow Hill Md</i>
Mother's Maiden Name	<i>Leah Jones</i>			Mother's Birthplace	<i>Worcester Co</i>
Name of person giving information	<i>Sarah Wilson</i>			How related to deceased	<i>wife</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Tuberculosis</i>		How long	<i>one year</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>M. F. Stuel</i>
			Address	<i>Orisfield Md</i>
Accident or Suicide?	<i>✓</i>			

